

T H E  
M A S T E R S  
D E N T A L  
G R O U P

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**Information About Usual and Customary Insurance Benefits**

A dental benefit plan is a contract between your Employer and the Insurance Company. Due to the varying nature of Insurance Policies available to employers, your Insurance Company has developed maximum fee schedules for dental services (Usual and Customary Fees) specific to your plan. These schedules are INTERNAL to your Insurance Company and they may not cover all charges incurred during your treatment. The fee schedules often do not reflect standard charges in our dental office or contract limitations that the Insurance Company has established. This may effect your level of reimbursement. Your level of reimbursement may also vary if you are seeing an “out of network” provider.

We will make every attempt to verify your benefits and coverage of specific procedures. However, our financial coordinator may not be able to accurately predict your level of insurance coverage for a procedure due to limited information provided by your insurance company. Also, your dental plan may not cover certain procedures that have been deemed necessary. Remaining **BALANCES ARE DUE BY THE PATIENT** for services that are not paid for by your insurance company.

If you do not feel your insurance company has made adequate payment on your account, please contact your Human Resource Department and/or Insurance Company to discuss this matter.

*I have been informed that my insurance benefits are “Usual and Customary” type and **UNDERSTAND** the meaning of this. Your office has advised me that I am responsible for the total charges or any differences remaining following insurance payment.*

Signature of  
Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

**Insurance Information**

Name of Insured: \_\_\_\_\_ Is Insured a Patient?  Yes  No  
Patients Relationship to Insured:  Self  Spouse  Child  Other: \_\_\_\_\_  
Insured’s Birth Date: \_\_\_\_\_ Insured’s Social Security Number: \_\_\_\_\_  
Insured’s Address: \_\_\_\_\_  
Insured’s Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Insurance Name: \_\_\_\_\_  
Insurance Address: \_\_\_\_\_  
Insurance Phone Number: \_\_\_\_\_  
Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_